* ENVIRONMENTAL CONTROL & ABATEMENT INC.

P.O. Box 2038 MARYLAND HEIGHTS, MISSOURI 63043

IVIA	RYLAND HE	IGHTS, MIS	SSOURI 63043	DA'	TE	JOB NO.
	(31	4) 291-34	40	ATT	June 9, 1993	
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	St. Louis	, Missou	ri 63137			
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COPY TO ________ SIGNED:

B. Linui,

LETTER OF TRANSMITTAL

Client: Corvera Abatement

Technologies, Inc.

Client Project No.: 9314

Date Received: 04-12-93 Location: Branch Metals Date Reported: 04-12-93

Analytical Technique: NIOSH Method 7400 *

Lab No.	Sample No.	Date <u>Taken</u>	Sample Description	Volume <u>Liters</u>	LRQ ** f/cc	Result f/cc
9480	3	04-12-93	Personnel Sample H. Corvera/595-44-9 3rd Floor - Powerwa		.006	0.093
9481	4	04-12-93	Area Sample Building 1	4200	.001	OL-MIXED

* This method is not specific for asbestos.** Lower limit of reliable quantification, based on minimum 0.1 fibers/field.

TERLOAD DESCRIPTIONS

OL-FP

Overload fibrous particulateOverload non-fibrous particulate OL-NFP

- Overload mixed fibrous and non-fibrous particulate OL-MIXED

Laboratory Director

Client: Corvera Abatement

Technologies, Inc.

Client Project No.: 9314

Date Received: 04-09-93 Location: Branch Metals Date Reported: 04-12-93

Analytical Technique: NIOSH Method 7400 *

Lab No.	Sample No.	Date <u>Taken</u>	Sample Description	Volume Liters	LRQ ** f/cc	Result f/cc
9478	1	04-09-93	Personnel Sample John Meyer Bldg 1 - Powerwashi	880 ng	.006	0.119
9479	2	04-09-93	Area Sample Building 1	450C	.001	OL-MIXED

This method is not specific for asbestos.

** Lower limit of reliable quantification, based on minimum 0.1 fibers/field.

JERLOAD DESCRIPTIONS

OL-FP - Overload fibrous particulate

- Overload non-fibrous particulate OL-NFP

- Overload mixed fibrous and non-fibrous particulate OL-MIXED

Laboratory Director



Client: Corvera Abatement

Technologies, Inc.

Client Project No.: 9314

Date Received: 04-16-93 Location: Branch Metals

Date Reported: 04-16-93

Analytical Technique: NIOSH Method 7400 *

Lab No.	Sample No.	Date <u>Taken</u>	Sample Description _	Volume <u>Liters</u>	LRQ ** f/cc	Result f/cc
9525	5	04-13-93	Personnel Sample E. Wancel/490-86-6283 3rd Floor - Powerwash		.006	< 0.006
9505	6	04-14-93	Personnel Sample H. Corvera/595-44-976 2nd Floor - Powerwash		.006	0.042
9716	8	04-22-93	Personnel Sample E. Wancel/490-86-6283 Building 2 — Glovebag		.010	< 0.010
9717	<u>,</u> 9	04-23-93	Personnel Sample M. Vogel/344-66-8825 Building 3 — Glovebage	840 ging	.006	0.013
9779	11	04-27-93	Area Sample Building 3 Glovebagging	1020	.005	< 0.005

This method is not specific for asbestos.

** Lower limit of reliable quantification, based on minimum 0.1 fibers/field.

OVERLOAD DESCRIPTIONS

OL-FP

- Overload fibrous particulate

OL-NFP - Overload non-fibrous particulate

OL-MIXED - Overload mixed fibrous and non-fibrous particulate

Laboratory Director

Page 1 of 2



Client: Branch Metals

Date Taken: 04-22-93

Location: 3-Story Building

Date Received: 04-22-93

Precision Analysis Project No.: 2025

Date Reported: 04-22-93

Analytical Technique: NIOSH Method 7400 *

Lab <u>N</u> o,	Sample No.	Sample Description	Volume Liters	LRQ ** f/cc	Result f/cc
9685	2025-016	Area, After, Inside Final Air 3rd Floor-West Side	1080	0.005	< 0.005
9686	2025-017	Area, After, Inside Final Air 3rd Floor-East Side	1080	0.005	< 0.005
9687	2025-018	Area, After, Inside Final Air .2nd Floor-West Side	1080	0.005	< 0.005
968B	2025-019	Area, After, Inside Final Air 2nd Floor-East Side	1080	0.005	< 0.005
9689	2025-020	Field Blank 3rd Floor	N/A	N/A	No Fibers
9690	2025-021	Field Blank 2nd Floor	N/A	N/A	No Fibers
9691	2025-022	Field Blank 1st Floor	N/A	N/A	No Fibers

OVERLOAD DESCRIPTIONS

OL-FP - Overload fibrous particulate
OL-MIXED - Overload mixed fibrous and non-fibrous particulate

^{*} This method is not specific for asbestos.

^{**} Lower limit of reliable quantification, based on minimum 0.1 fibers/field.



Client: Branch Mctals

Date Taken: 04-22-93

Location: 3-Story Building

Date Received: 04-22-93

Precision Analysis Project No.: 2025

Date Roported: 04-22-93

Analytical Technique: NIOSH Method 7400 *

Lab No.	Sample No.	Sample Description	Volume Liters	LRQ ** f/cc	Repult f/cc
9692	2025-023	Area, After, Inside Final Air 1st Floor-West Side	1080	0.005	< 0.005
9693	2025-024	Area, After, Inside Final Air 1st Floor-East Side	1080	0.005	< 0.005

This method is not specific for asbestos.

OVERLOAD DESCRIPTIONS

OL-FP - Overload fibrous particulate
OL-NFP - Overload non-fibrous particulate

OL-MIXED - Overload mixed fibrous and non-fibrous particulate

Paul Spell

Laboratory Director

^{**} Lower limit of reliable quantification, based on minimum 0.1 fibers/field.



AIRBORNE ASBESTOS ANALYSIS REPORT

Client: Branch Metals

Date Taken: 05-17-93

Location: Building 3

Date Received: 05-17-93

Precision Analysis Project No.: 2025 Date Reported: 05-18-93

Analytical Technique: NIOSH Method 7400 *

Lab No.	Sample No.	Sample Description	Volume iters	LRQ ** f/cc	Regult f/cc
10032	2025-030	Area, After, Inside Final Air North Side	1210	0.004	< 0.004
10033	2025-031	Area, After, Inside Final Air South Side	1200	0.004	< 0.004
10034	2025-032	Field Blank	N/A	N/A	No Fibers
735	2025-033	Field Blank	N/A	N/A	No Fibers

This method is not specific for asbastos.

OVERLOAD DESCRIPTIONS

OL-FP - Overload fibrous particulate

OL-NFP - Overload non-fibrous particulate

OL-MIXED - Overload mixed fibrous and non-fibrous particulate

Paul Spell

Laboratory Director

^{**} Lower limit of reliable quantification, based on minimum 0.1 fibers/field.

WASTE	REMOVAL VERIFICATION FOR	ASBESTOS	
Job Name	BRANCH METALS	Job Number	9314
Job Location	620 ST CYRST		
Amount Taken: Bag	Barrels		Other 20 cubicy ARD
CATI Employee Signatur	e Jangalo Arra	<u>C</u>	Date 4-15-93
Owner Verification	E Wazel		Date 4-15-93
Title	FOREMAN Telephone	867-7	500
Address	620 ST. CYR ST	57 LOUI	' μω .
	LANDFILL VERIFICATION		
Landfill Name	LITCHFIELD HISTS	boro LA	UDFill
Landfill Location	EMST ROUTE 16		
Mailing Address	-1 1 1 1	Pois	•
Amount Received			Date 4/15/93
Landfill Representative	x Linker Mill	: <u>ر</u> ز	Title <u>Secretary</u>
This landfill is an	approved dumping site for asbestos		1
TRANSA	ontan;		
	CONTRINER	SERVIL	ES#405183
	63 57 1AC		
	63 21 1AC	LENE .5	(A R).

TRIVER X Emes

Waste Shipment Record

	. Waste 3	nipment necord	
	1. Work site name and mailing address	Owner's name	Owner's telephone #
	BRANCH METALS STLOVI 620 ST CXR RD 630	5 MW MiHE HOSTRIA	n 867-7500
	620 ST CXR RD/ 630	. Prince william	n 00/- 1500
	2. Operator's name and address CORVERA ABATEMENT TECH	2.6/21.5-2	Operator's telephone #
	CORVERA HEATEMENT LECT	THOMUSIES INC.	07/- 2/2/
	1501 OAKGLEN DR. FENTON MO	63026	225-2131
	3. Waste disposal site (WDS) name, mailing address	s, and physical site location	WDS telephone #
	LITCHFIELD - HISTHORD LAN	o Fill	
	EAST ROUTE 16 PO BOX 4.	Ĵ	
	4. Name, and address of responsible agency		
ğ	STLOVES LOUNTY AIR	nollition levinol	
Generator	or reors work	Tale present	
ž	5. Description of materials	6. Containers	7. Total quantity
Ğ		No. Type	m3 (yd3)
			
	ASBRITOS CONTANINATED MATER	IALS ENCLOSED DUMP	ter 20 yd3
	8. Special handling instructions and additional info	rmation	
			
	9. OPERATOR'S CERTIFICATION: I herby declare	that the contents of this consignm	ent are fully and accurately
	described by proper shipping name and are clas	sified, packed, marked, and labele	d, and are in all respects in
		sified, packed, marked, and labele	d, and are in all respects in
	described by proper shipping name and are class	sified, packed, marked, and labele	d, and are in all respects in i government regulations.
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	. Waste 3	nipment F	record		_		
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	BRANCH METALS	1	1 2	ا ديدوريد مل	867-	70	17)
	620 SteyR RD STAVIS 40 630 MIKE KOOTHIND					73.0	Ų
	2. Operator's name and address				Operator's	telepho	one#
	2. Operator's name and address (ORVERA ABATEMENT)	TECH	THE	- '	•	-	
1	1501 OARBLEN DR. FENON				225-	בו ז	/
	3. Waste disposal site (WDS) name, mailing addre	ss and physi	cal site lo	cation	WDS telep	hone #	
1	3. Waste disposal site (WDS) name, mailing addre	ANDE	1/				
	EAST POUT IL POBOX	99	• •				
	4 Name and address of responsible agency						
9	STAUIS COUNTY AND	0-11	120	1 1 7/00			
Tat	STAVIS COUNTY ALK	110110	17010	لعام الماق			
Generator	5. Description of materials			ntainers	7. Tota	al guani	lity
e e	3. Description of materials		No.	Туре	7. 10ta		
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	Special handling instructions and additional info	rmation	L				
	6. Special handing instructions and additional into	ormacion					
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	Printed / typed name & title GONZALO LORVERD.	_	Signatu		Month	Day	Year
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<u> </u>	SUPREVISOR 2						
	10. Transporter 1 (Acknowledgment of receipt of ma	teriais)					l
	Printed / typed name & title		Signatu	re	Month	Day	Year
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Transporter				·			
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	12. Discrepancy indication space						
اره							
Site							
न	13. Waste disposal site owner or operator:						
SO	Certification of receipt of asbestos materials	covered by t	his manife	est except as note	d in item 12	<u>!</u> .	}
Disposal	Printed / typed name & title		Signatui	79	Month	Day	Year
<u>ā</u>	Printed/typed name & title X himber Millis/Secretary	× 11	- ^	in M	11	-	_
.	" himber 1111115/Secretary	1 8	umbe	_ riullis	4	21	93

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		op	1000.0				
	1. Work site name and mailing address		Owner's name	Owner's telephone #			
	BRANCHMETALS 610 ST CYR RA	A	like Koofman	867-7500			
	2. Operator's name and address			Operator's telephone #			
	CORVERA ABAT. TECH IN	C		225-213/			
	3. Waste disposal site (WDS) name, mailing add	ress, and phys	ical site location	WDS telephone #			
	LitchField - Hill Sboro LA BAST ROUTE 16 POBOX 9 LitchField Ill 62056	ypail)		324-2811			
rator	4. Name, and address of responsible agency STLOUIS COUNTY AIR		n control				
Generator	5. Description of materials		6. Containers No. Type	7. Total quantity m3 (yd3)			
	Asbestos PIPE JUSULA	HON	BAGG	20 463			
	8. Special handling instructions and additional in	nformation					
	9. OPERATOR'S CERTIFICATION: I herby decia described by proper shipping name and are oproper condition for transport by highway accomprished / typed name & title	lassified, pack	ed, marked, and labeled, at	nd are in all respects in			
	GONTALO CORVERS SUPARVISOR	Jong	elo dorra				
	10. Transporter 1 (Acknowledgment of receipt of materials)						
	Printed / typed name & title	y/	Signature	Month Day Year 4 27 93			
Transporter	Address and telephone # LACKOR STA RD - ST LOVIS MO, 961-7700	1	med				
Ins	11. Transporter 2 (Acknowledgment of receipt of materials)						
	Printed / typed name & title		Signature	Month Day Year			
	Address and telephone #						
6	12. Discrepancy Indication space	<u></u>					
Site							
Disposal	13. Waste disposal site owner or operator: Certification of receipt of asbestos materia	ils covered by	this manifest except as not	ed in item 12.			
Sign	Printed / typed name & title	X	Signature	Month Day Year			
	X Kinhor mill's Korretur	1 4	imbre millis	4 28 93			

Waste	Shipmen	t Record

	. Waste Shi	pment Record	7.			
	. 1. Work site name, and mailing address	Owner's name	Owner's telephone #			
	GRANCH METALS	MIRE KOOT	unel 017 7:00			
	620 STCYR Rd STLOVIS LW 63	137 PILLE 1001.	MAN 867-7500			
	2 Operator's name and address	· · · · · · · · · · · · · · · · · · ·	Operator's telephone #			
1	2. Operator's name and address LOKVERA ABAT- TECH IN	L.				
	1501 DAKGIEN DR. FENTON KU		225-213/			
}			WDC tolonhone #			
	3. Waste disposal site (WDS) name, mailing address	and physical site location	WDS telephone #			
	EAST RT. IL PO BOX 99	· · · · · · · · · · · · · · · · · · ·				
	LitchField Hills GOND LAW EAST RT 12 PO BOX 99					
<u> </u>	4. Name, and address of responsible agency		•			
ᄩ	5. Description of materials 6. Containers No. Type 7. Total quantity m3 (yd3)					
le le	5. Description of materials	6. Containers	_			
(5		No.	Type m3 (yd3)			
	Astrology to the wales		4012			
	Askestos Contaminatas		20 403			
	MATERIALS					
	8. Special handling instructions and additional inform	nation				
	9. OPERATOR'S CERTIFICATION: I herby declare th	at the contents of this cons	signment are fully and accurately			
	described by proper shipping name and are class					
	proper condition for transport by highway according	ng to applicable internation	al and government regulations.			
1	Printed / typed name & title	Signature	Month Day Year			
	GONZAGO CORVERA	a la A	11 20 20 20			
	SUNEAUTER	Canzoa Ka	wax 4-29-93			
	10. Transporter 1 (Acknowledgment of receipt of mate	rials)				
	Printed / typed name & title	Signature	Month Day Year			
	CSI	×				
ē	Address and telephone #		7			
5 LA CLEDE STA RU						
Sp	ST 401/3 NO 96/7700	///////////////////////////////////////	172795			
Transporter	11. Transporter 2 (Acknowledgment of receipt of materials)					
F	Deinted / Armed name 9 AMA	Clanatura	Month Day Voca			
	Printed / typed name & title	Signature	Month Day Year			
	Address and telephone #					
	12. Discrepancy Indication space					
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Site						
SO	Certification of receipt of asbestos materials co	vered by this manifest exc	ept as noted in Item 12.			
Disposal	Printed / typed name & title	Signature	Month Day Year			
ןֿם	Himber Millis Keereton.		1			
1	Yumber Mill's Georeta. 1	Humber W	Whis 4 29 93			

	1. Work site name and mailing address 620 ST CYR RD						
	620 ST CYR RD	Owner's name	Owner's telephone #				
· 	STLOU'S MO 63137	MIKE Kostra	367.7500				
	2. Operator's name and address ORVERS ABATELIENT TEL	HIM.	Operator's telephone # 2 2 5 - 2 1 3 /				
	3. Waste disposal site (WDS) name, mailing address, and physical site location Litch Field - Hillsbord EAST DIVIE 16 PO BOX 99		WDS telephone #				
Generator	EAST ROUTE, 16 PO BOX 99 LITCHER LOCATE 620.56 4. Name, and address of responsible agency ST LOUIS COUNTY AIR POLIVERN CONTROL						
Gene	5. Description of materials	6. Containers No. Type	7. Total quantity m3 (yd3)				
	Asbestos PIPE TASULATION		40 yd3				
	8. Special handling instructions and additional information						
	9. OPERATOR'S CERTIFICATION: I herby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.						
	Printed / typed name & title GONZATO LORVERM SUPERVISOR	Signature Signature Sovere	Month Day Year 3-12-93				
\dashv	10. Transporter 1 (Acknowledgment of receipt of materials)						
	Printed / typed name & title ** RICK MEC L ** PRIUER ** PRIUER	Signature	Month Day Year 5 /3 93				
Transporter	Address and telephone # Y C S T. 63 S O. LACKEDE STARD STLOVIS FLO 63119	mes					
<u> </u>	11. Transporter 2 (Acknowledgment of receipt of materials)						
	Printed / typed name & title	Signature	Month Day Year				
	Address and telephone #						
_	12. Discrepancy indication space						
fe		 					
	13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered b	y this manifest except as no	ted in item 12.				
Disposal Site							